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FROM • Kathryn M. Barton, Paralegal

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Type of Paper transmitted: Copy of Request for Withdrawal as Attorney or Agent and Change of Correspondence Address that was submitted March 14, 2006
Applicant: David W. Moskowitz
Serial No. 10/820,479

Original will NOT be mailed

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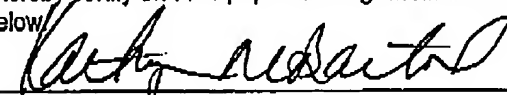
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FROM • Tara A. Nealey, Ph.D.

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Type of Paper transmitted: Requests for Withdrawal as Attorney or Agent and Change of Correspondence Address

Applicant's Name: David W. Moskowitz

Serial Nos. 10/137,592; 11/284,227; 10/215,962; 10/215,524; 10/820,479; 10/967,754; and
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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| | |
|------------------------|--------------------|
| Application Number | 10/820,479 |
| Filing Date | March 31, 2004 |
| First Named Inventor | David W. Moskowitz |
| Art Unit | 1614 |
| Examiner Name | |
| Attorney Docket Number | 60019190-1038 |

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To: Commissioner for Patents
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Please withdraw me as attorney or agent for the above identified patent application, and

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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

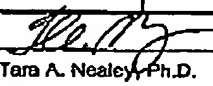
The reasons for this request are: Upon mutual consent of Applicant and Attorneys of Record. Applicant has been advised of Information Disclosure Statement requirement and deferred examination due date.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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|---|---|------------------|---------------------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | David W. Moskowitz, MD, MA, FACP | | |
| Address | c/o Genomed, Inc. 9666 Olive Boulevard, Suite 310 | | |
| City | St. Louis | State | MO |
| Country | U.S. | | |
| Telephone | 314-983-9938 | Email | dmoskowitz@genomedics.com |
| Signature |  | | |
| Name | Tara A. Nealey, Ph.D. | Registration No. | 42,927 |
| Date | March 14, 2006 | Telephone No. | 314-259-5867 |

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